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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application / Conf. No.	10/777,419 / 4321
	Filing Date	February 12, 2004
	First Named Inventor	Christopher H. Dick
	Examiner Name	Andre Pierre Louis
	Art Unit	2123
	Patent No.	
Mail Stop: AF	Attorney Docket Number	X-1505 US
Express Mail Receipt No.		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Extension of Time Request One Month	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Pre-Appeal Brief Request for Review; Pre-Appeal Conference Brief
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 40,941
Attn:	Lois D. Cartier	
Signature		
Date	November 15, 2007	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:	
Typed or Printed Name	Pat Tompkins
Signature	
Date	November 15, 2007

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



FEE TRANSMITTAL for FY 2007 <i>Patent fees are subject to annual revision</i>		Complete if Known	
		Application / Conf. No.	10/777,419 / 4321
		Filing Date	February 12, 2004
		First Named Inventor	Christopher H. Dick
		Examiner Name	Andre Pierre Louis
		Art Unit	2123
TOTAL AMOUNT OF PAYMENT (\$)		630.00	
		Attorney Docket No.	X-1505 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity			
Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20** =	Extra X	Fee from below =
Indep. Claims	- 3** =	X	=
Multiple Dependent Claims		X	=
**or number previously paid, if greater; For Reissues, see below			
Large Entity			
Fee Code	Fee (\$)	Fee Description	
1202	18	Claims in excess of 20	
1201	86	Independent claims in excess of 3	
1203	290	Multiple dependent claim, if not paid	
1204	86	**Reissue independent claims over original patent	
1205	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
		3. ADDITIONAL FEES	
		Large Entity Fee Code	Fee (\$)
		1051	130
		1052	50
		1812	2,520
		1804	920*
		1805	1,840*
		1251	120
		1252	460
		1253	1050
		1254	1,640
		1255	2,230
		1401	510
		1402	510
		1403	1030
		1451	1,510
		1452	510
		1453	1,540
		1501	1,440
		1460	130
		1807	50
		1806	180
		8021	40
		1809	810
		1810	810
		1801	810
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		630.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lois D. Cartier	Registration No. (Attorney/Agent)	40,941
Signature		Telephone	720-652-3733
		Date	11-15-2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.